

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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www.oci.ga.gov**HEALTH INSURANCE RATE FILING TRANSMITTAL FORM — LH-T1**
FOR PRIOR APPROVAL AND INFORMATIONAL RATE FILINGS
EXHIBIT A**INSURANCE**
PRODUCT REVIEW
LIFE & HEALTH
GID-385-LH MAY2015
(same as LH-T1)**GEORGIA DEPARTMENT OF INSURANCE**
LIFE AND HEALTH DIVISION
TOP SHEET ATTACHMENTONLY ONE PLAN DESIGN FOR TRANSMITTAL FORM
ONLY ONE LINE OF BUSINESS PER TRANSMITTAL FORM
ONLY ONE COMPANY PER TRANSMITTAL FORM**DEPARTMENT USE ONLY**STATE TRACKING #: FILING RECEIVED ON: RATE INDICATION: ACTUAL % DEPT. APP/ACK: **PLEASE COMPLETE THE FOLLOWING:**INSURER: NAIC CODE
NUMBER: NAIC GROUP
NUMBER: STATE OF
DOMICILE: TRANSMITTAL
DATE:

mo. dy. yr.

PROGRAM TITLE &
FORM SERIES: CODE & INSURANCE LINE: SERFF TRACKING #:
(Current Rate Filing) PRIOR
SERFF TRACKING #:
(Last Rate Change
Filing) DATE OF LAST
RATE CHANGE
FILING:

mo. dy. yr.

TYPE OF FILING: (check all that apply)

INITIAL CONSIDERATION: ☐RECONSIDERATION: ☐PROPOSED EFFECTIVE DATE:

mo. dy. yr.

REQUESTED RATE
INCREASE: TARGET LOSS
RATIO: CUMULATIVE
LOSS RATIO: LOSS RATIO
WITH INCREASE:
(SEE INSTRUCTIONS) TREND:
(CLAIMS) NUMBER OF GA
INSURED: LOSS RATIO
WITHOUT INCREASE:
(SEE INSTRUCTIONS) TREND:
(RATE FACTOR) OVERALL %
RATE INCREASE OF
PREVIOUS GA FILING:
(APPROVED OR FILED) GEORGIA DIRECT
WRITTEN PREMIUM
FOR PLAN: \$

CHECK ONE:

OPEN BLOCK ☐CLOSED BLOCK ☐CONTACT
PERSON: PHONE NUMBER: EMAIL ADDRESS: BRIEF
DESCRIPTION
OF THIS FILING: